

Waterwise Participant



Basic information sheet

Name and surname:

Date of birth:

Allergies:

Medical conditions:

Parent/guardian information

Name and surname:

Phone number:

E-mail address:

Home address:

Family doctor & phone # :

CONSENT (please read carefully)

- a) I agree to my son/ daughter taking part in the activities of the club.
- b) I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above.
- c) I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

Signed (Parent/ Guardian/Carer)

Date:

Stillwater Boating Club Inc.
70 Duck Creek Road, Stillwater
Auckland, 0993
P O Box 29, Silverdale 0944
Phone: 09 428 2185
email: admin@swbc.co.nz

Thank you for registering your child in our Waterwise programme. We will contact you soon to let you know the dates available.